

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018764

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 336

Primary Registration District No. 6131

Registrar's No. 191

FILED APR 17 1963

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Shannon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Jeresita

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Home

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Shannon

c. CITY OR TOWN

Jeresita

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Margaret

Orchard

## 4. DATE OF DEATH

Month

Day

Year

April

11

1963

## 5. SEX

F.

## 6. COLOR OR RACE

W.

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

10/18/79

## 9. AGE (last birthday)

83

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Summersville, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Thomas Plew

## 13b. MOTHER'S MAIDEN NAME

Margaret Smith

## 14. NAME OF HUSBAND OR WIFE

Wink Orchard Jeresita, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

## 18. CAUSE OF DEATH (Enter only one cause; PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral vascular accident  
arteriosclerosis generalized

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1963 to Apr 11, 1963 and last saw her alive on April 11, 1963  
Death occurred at Apr 11, 1963 on the date stated above; and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.C. Walton M.D.

## 22b. ADDRESS

Mt. View, Mo.

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

4/14/63

## 23c. NAME OF CEMETERY OR CREMATORY

Pilgram Rest Cem.

## 23d. LOCATION (City, town, or county)

Mt. View, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Duncan Funeral Home Mtn. View, Mo.

## 25. DATE RECD. BY LOCAL REG.

Apr 16 63

## 26. REGISTRAR'S SIGNATURE

Emile R. ...

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

APR 30 1963

To Doctor 2: P.M. 4/11/63

Rec'd from Dr. 9:00 A.M. 4/15/63

To Local Reg. 9:00 A.M. 4/15/63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer.

Signed

*Charles D. Fountain*

Licensed Embalmer No. 5107

P. O. Address

*Mt. Vernon, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Received from 0001